

**ACTION PLAN: HMCIP REPORT**

**ESTABLISHMENT: HMP HAVERIGG**

TIMETABLE	DATE	STATUS OF THIS RETURN
Full unannounced inspection	27 – 28 March, 3 – 6 April 2017	
Report published	16 August 2017	
Action Plan Submitted	13 October 2017	Attached

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**POSITION AS AT: 13 OCTOBER 2017**

1. Rec. no	2 Recommendation	3. Accepted/ Rejected/ Partially Accepted / Accepted Subject to Resources	4. Response Action Taken/Planned	5. Function Responsible/ Policy Lead	6. Target Date	7. 1 <sup>st</sup> Quarterly Management Check (OSAG)	8. 2 <sup>nd</sup> Quarterly Management Check (OSAG)
	<b>Main recommendations To the governor</b>						
5.1	A clear plan should be introduced to address prisoners' perceptions of safety. The safer custody team should ensure that the local strategy is effectively implemented to provide adequate support for victims, challenge perpetrators and address any underlying causes of violent incidents. (S41)	Accepted	<p>The Violence Reduction Strategy has been reviewed and a new policy is now in place. The purpose of this strategy is to encourage a whole prison approach to the management of violent individuals whilst providing support for the victims of violence. A violence reduction action plan is in place which is monitored through the safer custody meeting and violence reduction committee to provide assurance.</p> <p>A Culture web Exercise conducted by the Regional Psychology Team will be completed by November 2017. This will entail staff and prisoner focus groups and surveys that will specifically look at perceptions of safety.</p> <p>The Violence Diagnostic Tool as presented at the Violence Reduction Group, Senior Management Team and Prison Officers Association Management meeting will be open to scrutiny at all of these forums. The</p>	Head of Safety	November 2017		

			<p>above approach will be replicated with the Safer Custody Diagnostic Tool.</p> <p>Confidential Access Complaint Forms that raise concerns about risk from others will be monitored regularly.</p> <p>Prisoners deemed at risk from others and self-isolators are discussed and monitored at Weekly Complex Case Reviews.</p> <p>Intelligence Reports will be monitored by the Head of Security / Deputy on a weekly basis in order to identify emerging trends in relation to prisoner safety concerns.</p> <p>Prisoner Consultation meetings and minutes. Violence reduction and Perception of a Safe Environment is a Standing Agenda item.</p>	Head of Security	Completed and ongoing		
<b>5.2</b>	The accommodation on R1 and R4 should be maintained to a high standard. Cells and communal areas should be clean, graffiti free and painted to a good standard. (S42)	Accepted	<p>Post Inspection the arrangements for the painting programme have been reviewed. We now have a continuous painting programme on wings R1 and R4 to ensure graffiti is dealt with and painted over as soon as possible. Checks within cells are carried out on a daily basis as part of Accommodation Fabric Checks (AFC) to ensure cells are free from graffiti, excess kit, rubbish and combustibles. The unit manager also carries out safety tours of residential units R1 and R4 and in the process addresses any issues that arise from a cleanliness and decor point of view. Association rooms on R4 have been refurnished with soft furnishings, large TV's, and a selection of games. There is a continued programme for the improvement of the outside walls on R4. Prisoners are given access to cleaning materials to ensure their cells are clean and tidy.</p>	Heads of Residence	Completed and ongoing		
<b>5.3</b>	A health care professional should assess the health needs of each segregated prisoner every day. The GP should see each segregated	Accepted	<p>All patients located in the Segregation Unit are seen daily by a Registered Nurse and every 72 hours by the GP. Clinical notes are updated on every occasion that patients in the unit are seen and the daily attendance log in the unit is signed by the visiting</p>	Head of Healthcare	Complete		

	prisoner at least once every 72 hours. (S43)		nurse. All patients located in the unit are discussed at the daily nurses meeting following rounds.				
	<b>Recommendations</b>						
	<b>Courts, escort and transfers</b>						
<b>5.4</b>	Prisoners should be given sufficient notice that they are transferring to Haverigg. (1.4, repeated recommendation 1.4)	Partially accepted	Normally the transfer will have been discussed with the prisoner prior to any move being arranged in order to meet the prisoner's needs, such as those highlighted within their sentence plan. However, the holding establishment will decide if the prisoner is notified or not of their transfer as they will be aware if there are any issues such as security.	Prison Estates Transformation Programme (PETP) at Headquarters	Ongoing		
<b>5.5</b>	Arriving prisoners should be disembarked from escort vehicles without delay. (1.5, repeated recommendation 1.5)	Accepted	Prison Escort and Contracted Services (PECS) escort contractor staff will ensure that prisoners disembark the vehicle as swiftly as possible without compromising the safety and security of prisoners and staff. PECS escort contractors rely on effective prison reception procedures to ensure compliance and escort staff must comply with the local security strategy of the prison. Where there are specific risks associated with the movement of a prisoner from a vehicle to reception escort staff must liaise with the prison staff in order to agree the level of restraints for this. Neither PECS nor the escort contractor have received any complaints regarding disembarkation delays from escort vehicles in the last 12 months (August 2016 – July 2017).  Prisoners are now located to reception on arrival at HMP Haverigg and documents are checked after the prisoners have disembarked. Orderly Officers have been briefed to ensure that this process takes place particularly during patrol periods.	Prisoner Escort Contract Services (PECS) at Headquarters and Head of Residence & Services at HMP Haverigg	Completed and ongoing		
	<b>Early days in custody</b>						
<b>5.6</b>	The content of the induction programme should be accurate. All prisoners should be kept purposefully engaged until allocated to activities and should not be locked in their cells between induction	Accepted	Post-inspection the induction package has been reviewed for points of accuracy. The induction regime has been altered to ensure a smoother process and that prisoners spend more time out of their cells. The Induction now takes place in ground floor areas that is accessible to all.	Head of Residence & Services	Completed		

	sessions. (1.12)						
5.7	First night cells should be clean, free from graffiti and properly equipped. (1.13, repeated recommendation 1.13)	Accepted	Since the Inspection a new dedicated and discreet First Night and Induction Unit has been opened on Residential 2 which provides a calmer and more controlled environment. First night cells have been refurbished to a high standard and furnished with the correct equipment. All cells are free from graffiti and daily checks are in place to ensure compliance.	Head of Residence & Services	Completed		
	<b>Self-harm and suicide</b>						
5.8	Case managers should consistently attend reviews of prisoners on open ACCT documents. (1.26)	Accepted	Individual case managers have now been allocated to individual cases. This is managed through the Safer Custody department.	Head of Safety	Completed		
5.9	Night staff should be trained to respond to serious self-harm incidents. Night observations of prisoners on open ACCTs should be carried out irregularly. (1.27)	Accepted	<p>All Night Orderly Officers are trained in first aid. Case manager training is now delivered regionally with the Regional Safer Custody manager completing assurance visits to the establishment. Case managers are informed to ensure that observations are documented to take place at irregular intervals. A crib sheet that covers all aspects of Assessment Care in Custody Teamwork (ACCT) observations has been sent out to all night staff and is included in every night staff folder (emergency instructions that all night staff pick up on their way to their designated wing at the start of their duty). A Notice To Staff covering this has also been issued. All staff will attend the new modules of Suicide And Self-Harm (SASH) training. Night staff will be prioritised for training.</p> <p>All night staff have undertaken Respiratory Protective Equipment (RPE) training and online Civil Service Learning training that includes Fire Awareness and Health &amp; Safety modules. They have been prioritised for SASH training with a planned completion date of 31<sup>st</sup> December. Additionally they have completed Emergency Response in Custody (ERIC) training delivered by Paramedics who have been tasked to roll out the training to all prisons in the region.</p>	Head of Safety	<p>Partially completed.</p> <p>Awaiting dates and accessibility of Case Manager training.</p> <p>Suicide and Self-harm (SASH) training will be completed by all Night Staff, Orderly Officers and the Senior Management Team by December 2017.</p> <p>All remaining staff will be trained as part of a rolling programme by March 2018.</p>		

5.10	The gated cell in A wing should be more appropriately located to afford greater privacy from other prisoners. (1.28)	Partially Accepted	Two gated cells are available, one of which is located in the Segregation Unit which affords more privacy. Every effort is made to ensure prisoners privacy is maintained when they are located in this cell on A-wing. Consultation with the Safer Custody team is ongoing to review options to improve the location of this facility.	Head of Safety	November 2017		
	<b>Security</b>						
5.11	Prisoners should only be strip-searched on the basis of intelligence or specific suspicion(1.43)	Accepted	PSI 67/2011 – Searching of the Person, (National Security Framework Function 3.1), requires that male prisoners must be full-searched on initial reception to prison. The minimum national requirement for searching males on transfer from another prison is that they are given a level B rub-down search and hand-held metal detector scan. In addition, they may be full-searched at any time on intelligence or reasonable suspicion that an item is being concealed on the person which may be revealed by the search.  Following the Inspection the Search Return Form has been amended to include Duty Governor approval for full searches only where intelligence supports this.	Head of Security	Completed and on-going		
5.12	The mandatory drug testing programme should be adequately resourced to undertake the required level of target testing and for all requested suspicion tests to be completed. (1.44)	Accepted	The numbers of required Mandatory Drug Testing (MDT) tests have been achieved every month, however staffing issues can lead to predictable testing times at month-end together with failure to achieve all suspicion tests. Since the Inspection, Orderly Officers may only cancel MDT after consultation with the Duty Governor who considers all options before cancelling. Suspicion MDT forms were created shortly before the inspection and are now proving fruitful in generating appropriate suspicion tests. Staffing resources don't always permit all suspicion tests to be carried out. This is monitored through the Drug Strategy meeting. Under the introduction of the new Offender Management Unit (OMU) Model later in the year additional officers will be employed. This should positively impact on the ability to staff the MDT task.	Head of Security	Completed and ongoing		
	<b>Incentives and earned</b>						

	<b>privileges</b>						
5.13	Individual targets for prisoners on basic level to improve their behaviour should be set, monitored and reviewed. (1.49)	Accepted	Since the Inspection we have introduced a process where Unit Managers complete a 100% check of all documents to ensure that behavioural targets are in place and are being adhered to including targets to ensure this is linked to improving behaviour, monitoring, and reviews. Bespoke targets for individuals will be driven with the introduction of the Key Worker model that is integral to the new Offender Management Model that is due to be introduced later this year.	Heads of Residence & Head of Safer Custody	Completed and ongoing  The introduction of the new Offender Model is predicated on receiving new officers into the prison to resource the initiative.		
	<b>Discipline</b>						
5.14	Protected characteristics issues should be discussed at the adjudication standardisation meeting to identify any trends or patterns of concern. (1.53)	Accepted	Equalities data on the HUB database to be discussed at both the Adjudication standards meeting and Segregation Monitoring and Review Group (SMaRG) meeting to provide information on trends and patterns of concern identified in the issues raised so that these may be addressed. Data in relation to all of the identified Protected Characteristics are discussed including any identified trends of patterns of concern.	Head of Safety and Equalities	Completed and ongoing		
5.15	Incidents involving the use of force should be reduced. The governance of and accountability for the use of force, planned interventions and batons, should be improved. All planned use of force should be filmed on hand-held video cameras. Documentation of all such uses should be completed promptly. (1.58)	Accepted	Following the inspection HMP Haverigg have ensured that all planned interventions are recorded with a dedicated hand held video camera. All managers have been informed of this requirement and that Body Worn Video Camera (BWVC) must not be used for this purpose.  Video Camera footage is viewed by the Head of Residence and Services who is also the functional lead for Use of Force, and learning points and trends are discussed at the bi-monthly Use of Force meeting. Governance is provided at the Control & Restraint Scrutiny Panel chaired by the Governor or Deputy Governor.	Head of Residence	Completed / monitor		
	<b>Substance misuse</b>						
5.16	The Unity substance use service should conduct a treatment needs analysis to	Accepted	Since the Inspection a Health Needs Assessment for both Substance Misuse and Mental Health has been undertaken by NHS England in conjunction with	Unity Manager & Head of Reducing	Completed		

	<p>identify the needs of the population. This should be done in conjunction with the offender management unit to determine the need for treatment arising from substance-related offending. (1.71)</p>		<p>Greater Manchester West Mental Health Team. The Reducing Reoffending Policy Meeting will ensure the Offender Management Unit Criminogenic Needs Analysis and Unity Treatment Needs Analysis are shared between organisations to ensure re-offending needs are shared with Unity and treatment needs are shared with OMU (ensuring that both policies reflect all needs identified).</p> <p>Shortly after arrival, prisoners with substance misuse needs will have a joint meeting with both the OMU and Unity to ensure individualised targets are set that address both addiction and its associated offending behaviour.</p> <p>Currently the Substance Misuse Team &amp; the Mental Health Team are facilitating several therapeutic interventions such as the SMART Recovery programme and the 12 Step programme. Within the 12 step programme, which is facilitated over a 12 week period, issues relating to addiction (Drug, Alcohol and/or significant other) and their specific relationship to their criminal activity and subsequent effect on the victim(s) are explored and discussed primarily in steps 4, 5 &amp; 9. Occasionally these discussions evoke such responses including guilt, shame and remorse. These feelings can then be diverted towards possible involvement in aspects of restorative justice programmes, where victims and offenders can be brought together under strict supervision and further explore the rationale behind offender behaviour and addiction.</p>	Reoffending (HoRR)			
	<b>Residential units</b>						
<b>5.17</b>	All toilets in cells should be clean and adequately screened. (2.9, repeated recommendation 2.15)	Accepted	Prisoners have access to cleaning material to ensure toilets are cleaned when needed. Currently some toilets in cells remain unscreened. However privacy screens have been made and are due to be placed into these cells.	Heads of Residence	October 2017		
<b>5.18</b>	There should be facilities to allow prisoners to wash their own clothes. (2.10, repeated	Accepted	Washers and driers have been purchased for Wing RES 1 and are awaiting installation by the contractors. Wings R4 and R5 already have these facilities in	Heads of Residence	October 2017		

	recommendation 2.16)		place, along with Laundry Orderlies to assist with the washing.				
5.19	Managers should oversee and monitor the application system to ensure that applications are dealt with effectively and promptly. (2.11)	Accepted	HMP Haverigg will introduce the suggestions below following discussions with and input from the Head of Residence and Safety and the Head of Residence and Services: <ul style="list-style-type: none"> <li>Prisoner Information Desks to be introduced on all residential units;</li> <li>Designated prisoner representatives will log all applications received and progress to the relevant department and log returned responses;</li> <li>Residential managers will conduct monthly checks to monitor response rates.</li> </ul>	Heads of Residence (Standard Prisons have more than one Head of Residence)	November 2017		
5.20	Telephones on all units should provide adequate privacy. (2.12)	Accepted	Options are currently being assessed as to the most cost effective way of managing this. We are looking into the feasibility of our woodwork workshops making us some privacy hoods for wing phones. We may also try and utilise redundant hoods on other wings, though this is subject to charges from British Telecom (BT).	Heads of Residence	November 2017		
	<b>Staff-prisoner relationships</b>						
5.21	Staff should refer to prisoners by their preferred name. (2.16)	Accepted	A Notice To Staff has been issued instructing staff of the requirement to use preferred names when referring to prisoners. A percentage of random PNOMIS (prison service database) case notes are quality checked on a weekly basis by Managers to ensure that appropriate names are being used and staff are challenged if/when the standard is not met.	Heads of Residence	Completed and ongoing		
	<b>Equality and diversity</b>						
5.22	Regular consultation with minority groups and monitoring of these groups should be undertaken to understand their perceptions and to ensure equitable access to provision. (2.21)	Accepted	Meetings have been held with Black and Minority Ethnic (BAME) prisoners. Further work is required to ensure that consultation takes place with other minority groups. Monthly meetings are held alternately with prisoners with the range of Protected Characteristics and actions resulting from these meetings are included in the Establishment Equality Action Plan.	Head of Safety and Equalities	November 2017		



5.23	All reported incidents of discrimination should be investigated thoroughly. (2.22)	Accepted	Completed Discrimination Incident Reporting (DIRF) forms are submitted to the Head of Safety and Equalities in sealed envelopes. Initial investigation is completed by the appropriate manager and returned with findings. Further investigation is completed by the Equalities manager if necessary. All investigations resulting from DIRF's are Quality Assured by the Deputy Governor in order to provide further assurance and feedback is reported to the Equality Team Meeting.	Head of Safety and Equalities	Completed and ongoing		
5.24	The perceptions of prisoners with disabilities about victimisation by other prisoners should be investigated and the findings acted on. (2.30)	Accepted	Consultation focus groups and surveys to be conducted with prisoners to ascertain views. HMP Haverigg aims to increase the number of prisoners with protected characteristics involved in peer support as equalities representatives.	Head of Safety and Equalities	November 2017		
	<b>Complaints</b>						
5.25	All replies to complaints should adequately address the issues raised by prisoners and use the prisoner's preferred name. (2.37, repeated recommendation 2.57)	Accepted	Following the inspection Quality Assurance is now undertaken by the Deputy Governor every month and replies are reviewed to check that they meet the required standard. A standard letter is now sent to managers whose replies do not meet the required standard highlighting future expectations.	Deputy Governor	Completed		
5.26	There should be a robust quality assurance scheme for complaints and regular analysis of trends. (2.38, repeated recommendation 2.58)	Accepted	All complaints are now reviewed by the Deputy Governor on a monthly basis. An analysis of concerns and trends is reviewed monthly at the Senior Management Team (SMT) meeting.	Deputy Governor	Completed		
	<b>Health services</b>						
5.27	Prisoners with long-term conditions should be identified and reviewed in a timely and systematic manner. They should have evidence-based care plans. (2.64)	Accepted	Following the Inspection HMP Haverigg are working with the Information Systems Officer to ensure better identification of patients with long term conditions. Healthcare will then ensure that reviews take place in a timely manner. The prison plan to introduce an audit timetable for quality assurance purposes. Individual Care Plans will also be developed.	Head of Healthcare / Advanced Nurse Practitioner.	December 2017		
5.28	Escort arrangements should	Accepted	HMP Haverigg have introduced a weekly joint meeting	Head of	Completed and		

	be fully effective in meeting the health care needs of the population. (2.65)		with the Head of Security and the Hospital Appointments Co-ordinator specifically focussed on discussing and managing hospital escorts. This allows appropriate risk assessment and prioritisation of all patient escorts. Data relating to escorts is reported at the monthly Clinical Governance meeting. This data is receiving greater focus as it now features as a performance measure for the establishment. Greater administrative resources have also been directed to escort arrangements providing better management and these new systems will continue to be monitored.	Healthcare	Ongoing.		
<b>5.29</b>	Prison officers should supervise the administration and collection of medication to eliminate bullying and the diversion of supplies. Prisoners should be able to store their medication securely in their cells. (2.74)	Partially Accepted	A member of uniformed staff is now present at all times when medication is issued. A bid for individual secure lockers will be submitted under the next round of Capital bids.	Heads of Residence	Completed		
<b>5.30</b>	Controlled drugs should be stored in legally compliant cabinets that are bolted to the wall for security and the appropriate registers should be used. (2.75)	Accepted	Following the inspection, Healthcare have undertaken a review of the arrangements for the ordering, storage and administration of controlled drugs. HMP Haverigg understand that they are now fully compliant with all of the recommendation in this area. Quality Assurance (QA) checks are conducted bi- monthly by the Chief Pharmacist for Cumbria Partnership NHS Foundation Trust (CPFT).	Head of Healthcare	Completed		
<b>5.31</b>	Nurses should not dispense medicines other than in exceptional circumstances and all medicines, with the exception of methadone, should be supplied from individually labelled patient packs. (2.76)	Accepted	Nursing staff do not dispense medication other than in exceptional circumstances. All medication is now received individually labelled from Pharmacy.	Head of Healthcare	Completed		
<b>5.32</b>	Governance arrangements, including staff supervision and appraisal, should be robust enough to ensure that the	Accepted	Since the inspection, Healthcare have reviewed the arrangements of all service providers in providing supervision and appraisal for staff. Those providers who are not currently providing supervision to their	Head of Healthcare	December 2017		

	needs of the individual and the organisation are met. (2.81)		staff will be supported to enable this.				
	<b>Learning and skills and work activities</b>						
5.33	Teachers and instructors should identify and implement vocational activities which improve prisoners' English and mathematical skills and knowledge. (3.8)	Accepted	<ul style="list-style-type: none"> <li>The education contractor NOVUS are in the process of recruiting a Learning Difficulties and Disabilities (LDD) Specialist to lead the teaching and learning of all learners with learning difficulties and disabilities;</li> <li>NOVUS have seconded a Functional Skills lead to HMP Haverigg to drive improvements associated with contextualised learning in workshop environments. This secondment will remain until December 2017;</li> <li>Post December 2017 the prison will have a full complement of management staff able to deliver the continuous improvement of functional skills.</li> </ul>	Head of Reducing Reoffending	Complete and ongoing		
5.34	Vocational qualifications should meet current industry standards. (3.9)	Partially Accepted	Vocational qualifications are delivered in work areas to meet current Industry standards where available. The availability of suitable qualifications is kept under continuous review.	Head of Reducing Reoffending	Complete and ongoing		
5.35	Prisoners' vocational skills in all areas of work should be recognised through accredited qualifications. (3.13)	Partially accepted	Vocational qualifications to be delivered in all vocational work areas subject to the availability of recognised, industry standard qualifications. Vocational skills are delivered in work areas to meet current Industry standards where they are available. The availability of suitable qualification is kept under continuous review. A planned visit with the Prison Service Prisons Industries Regional Lead has been arranged to look at opportunities to identify and roll out suitable vocational qualifications in all industrial work areas. By December 2017 the meeting will have taken place and an Action Plan agreed.	Head of Reducing Reoffending	December 2017		
5.36	Teachers should recognise the different starting points of prisoners and plan their teaching, learning and	Accepted	NOVUS' (education provider) management team to be restructured to provide Learning Difficulties and Disabilities (LDD) specialism, Functional Skills specialism, and quality assurance leadership that will	Head of Reducing Reoffending	Complete and Ongoing		

	assessment in English and mathematics to challenge all prisoners to work to their full potential and improve their skills. (3.18)		each combine to ensure differentiated learning effectively takes place in all functional skills delivery. The secondment of the functional skills lead is complete and ongoing until December 2017. Post-December the prison will have a full complement of management staff able to deliver the continuous improvement of functional skills. The LDD lead and Deputy Manager (with specific responsibility for quality improvement) have recently been appointed and are undergoing the vetting process.				
5.37	Achievement rates in English and mathematics at levels 1 and 2 should be high. (3.24)	Accepted	<ul style="list-style-type: none"> <li>• NOVUS seconded a Functional Skills Lead to HMP Haverigg to drive necessary improvements. This secondment will remain until December 2017;</li> <li>• Post-December 2017 the prison will have a full complement of management staff able to deliver the continuous improvement of functional skills;</li> <li>• The seconded functional skills lead will; diagnose why performance has remained poor, identify strategies for how improvement may be delivered, closely monitor and drive the implementation of the improvement strategies, ensure particular focus is retained on Level 1 and level 2 functional skills;</li> <li>• Deliver continuous improvement of Functional Skills success rates, which will be monitored through the Quality Improvement Group (QIG)</li> <li>• NOVUS have now recruited a Deputy Manager and an additional Learning Difficulty and Disability Support differentiation within the classroom activities.</li> </ul>	Head of Reducing Reoffending	Complete and Ongoing		
5.38	Managers should identify which prisoners do not use the library and the reasons for this. The findings should be acted on to increase the number of prisoners using the library. (3.28)	Accepted	Introduce a Management Information System for library services and use this to evaluate usage trends and enable analysis of the reasons for non-usage which is likely to include individual prisoner data. This will be completed by 31 December 2017.	Head of Reducing Reoffending	December 2017		
	<b>Physical education and healthy living</b>						

5.39	Managers should ensure that the substandard shower facilities identified at the last inspection should be upgraded as a matter of priority. (3.33)	Partially Accepted	HMP Haverigg acknowledges the requirement to complete this work and agrees with the findings. However, the establishment is unable to upgrade the shower facilities without funding, which has previously been rejected.	Heads of Residence	November 2017		
	<b>Offender management and planning</b>						
5.40	All relevant prisoners should have an up-to-date OASys and sentence plan. Offender supervisors should consistently provide meaningful support to prisoners proportionate to their risks. (4.10)	Accepted	<ul style="list-style-type: none"> <li>• Non-operational Band 4 Offender Supervisors to provide regular staffing that enables regular and effective delivery;</li> <li>• Review all receptions to check whether current OASys is in place;</li> <li>• Complete OASys assessment for all new receptions requiring one within four weeks of arrival;</li> <li>• Review OASys for the main population to ensure updates are completed as necessary following a significant event or fixed timeframe;</li> <li>• Monitor and report all outstanding OASys on a monthly basis.</li> </ul> <p>Meaningful contact to be made at least once every three months between Offender Supervisors and their prisoners. A summary of the meeting to be recorded on the P-Nomis database.</p>	Head of Reducing Reoffending	November 2017		
5.41	All offender supervisors should receive regular casework supervision, and offender management files should be subject to regular quality assurance checks. (4.11, repeated recommendation 4.23)	Accepted	<ul style="list-style-type: none"> <li>• National Probation Service (NPS) Officers to receive monthly supervision;</li> <li>• Recruit a Senior Probation Officer (SPO) to act as Head of Offender Management Delivery to train staff and quality assure the delivery of services;</li> <li>• Prison-employed Non-Operational Band 4's to receive monthly supervision.</li> </ul> <p>A programme of quarterly quality assurance checks to be undertaken.</p>	Head of Reducing Reoffending	December 2017		
	<b>Reintegration planning</b>						
5.42	The initiatives that help prisoners to gain employment on release should be	Accepted	<ul style="list-style-type: none"> <li>• Concerns regarding the provision of employment services by the Community Rehabilitation Company (CRC) to be escalated to the Contract</li> </ul>	Head of Reducing Reoffending	Complete.		

	effectively coordinated. (4.28)		Package Area (CPA) Meeting; <ul style="list-style-type: none"> <li>Clarify CRC Employment obligations and delivery commitments;</li> <li>Ensure joined up working with all Through The Gate (TTG) service providers;</li> <li>Monitor delivery effectiveness in TTG meetings.</li> </ul>				
<b>5.43</b>	A full range of interventions should be delivered to meet the offending behaviour needs of the population. (4.40)	Accepted subject to resources	<ul style="list-style-type: none"> <li>The Criminogenic Needs Analysis, last published in January 2017, is completed annually. HMP Haverigg will continue to identify the offending behaviour needs of the population and share this with the Commissioner to inform procurement decisions.</li> </ul>	Head of Reducing Reoffending	January 2018		
<b>5.44</b>	When access to a specific programme is required, transfer to the appropriate establishment should be facilitated in a timely manner. (4.41)	Accepted	Offender Supervisors to support referrals for transfer to other establishments to complete Offending Behaviour Programmes (OBPs) where they are not available locally within 4 weeks of the start date of the agreed course.	Head of Reducing Reoffending	Complete and Ongoing		

<b>Recommendations</b>	
Accepted	37
Accepted Subject to Resources /Partially Accepted	7
Rejected	0
<b>Total</b>	<b>44</b>